

**King County****Department of Permitting
and Environmental Review**

35030 SE Douglas Street, Suite 210

Snoqualmie, WA 98065-9266

206-296-6600 TTY Relay: 711

www.kingcounty.gov

Affidavit Regarding Medical Hardship Mobile Home Permit

For alternate formats, call 206-296-6600.

I, _____ am the applicant for a medical hardship
mobile home permit number _____ and I hereby certify that:

1. The temporary dwelling is necessary to provide daily care defined in Chapter 21A.06.262 of the King County Code (KCC) as: medical procedures, monitoring and attention that are necessarily provided at the residence of the patient by the primary provider of daily care on a 24-hour basis.
2. The primary provider of such daily care will reside on-site.

I acknowledge that I understand the mobile home is temporary in nature and must be removed within 90-days of the permit expiring or when daily care is no longer required. I understand that the permit must be extended on an annual basis and that an updated physician's letter must be submitted each time the permit is extended. Additionally, I have attached a statement from the physician certifying that a resident of the property requires daily care as defined in Chapter 21A.06.262 of the KCC and the statement contains an original signature and is dated within the last 90-days.

Signed _____ Date _____

Subscribed and Sworn to, before me the _____ day of _____, _____

NOTARY SEAL OR STAMP

Signature
NOTARY PUBLIC in and for the State of Washington,
residing at _____

Check out the Permitting Website at www.kingcounty.gov/permits